

www.mass.gov/abcc

LICENSE NUMBER	R: 053200001		CI	TY OR TOW	N HOLI	BROO	K
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	ENSED FO	OR 20	13
		CLAS	SS			7	YEAR
LICENSEE NAME: DOING BUSINESS	ZHENG'S,INC. A GOLDEN PACIFIC	RESTAUR	ANT				
ADDRESS 470 NO.	FRANKLIN ST.						
CITY/TOWN: HO	LBROOK	STATE:	MA	ZIP CODE:	0234	-3	
MANAGER: ZHE	NG, JIN RONG TYPE	OF LICEN	SE: Restau	rant	CATEGO	ORY:	All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	ADDRESS			
ONE FLOOR, one	LICENSED PREMISES DINING ROOMS,1 LOU STORAGE CHEST, NO G LOT	NGE, KIT					
 the renew the licens 	wear under penalties of yed license will be of the ee has complied with all ses are now open for bus	same type	for the same	wealth relatin			
SIGNED BY	Individual, Partner or	Authorized	Corporate	Officer			
DATE:	TELEPHONE N	NUMBER:					ON NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building inspec (2) the certificate of liq	ctor and th	e head of	rtificate req the fire depa	uired by C artment fo	Chapte or the a	er 304 of the
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)			OCAL LICE	ENSING A	UTHC	ORITY
DATE:			_				



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APPLICATION FOR RENEWAL: Annual CLASS LICENSED FOR 2013	
CLASS	3
	EAR
LICENSEE NAME: BLDG.ASSOC.OF WILLIAM DALTON POST#137 A.L.INC	
DOING BUSINESS A DALTON CLUB	
ADDRESS 777 PLYMOUTH STREET	
CITY/TOWN: HOLBROOK STATE: MA ZIP CODE: 02343	
MANAGER: DAVEY, CARL TYPE OF LICENSE: Club CATEGORY: A ERIC	All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
2 FLOORS; BASEMENT AS A MEETING ROOM FOR MEMBERS. 2ND FLR CONSISTS OF MAIN HALL, LOUNGE AND KITCHEN	i
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION	304 of the pove
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secutive Method undersigned, attest that we are in possession (1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of	304 of the pove f the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secular Meeting of 2004, attest that we are in possession (1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By:	304 of the pove f the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secular Meeting of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By: DISAPPROVED:	304 of the pove f the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secular Meeting of 2004, attest that we are in possession (1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By:	304 of the pove f the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secular Meeting of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By: DISAPPROVED:	304 of the pove f the Acts



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LICENSE NU	MBER: 053200007		CITY OR TOWN HOLB	ROOK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI		F.BRANSFIELD COUN	N.K.OF C.#5046 INC.	
	HOLBROOK	STATE: MA	ZIP CODE: 02343	
MANAGER:	O'DONNELL STEVEN E.	TYPE OF LICENSE: C		RY: All Alcohol
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
HALL AND B	AR ON FIRST FLOO	OR PLUS CELLAR CLU	TB ROOM	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	ne same premises now licensed	l;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes;	and
3. the	premises are now ope	n for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIF (Note: NOT Individual So	
Acts of 2004,	signed by the building	ng inspector and the he	he certificate required by Cl ad of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(PP	F /			
DATE:				
	DENEWAL MUCT DE EU EI	DAY LICENSEES DUDING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	20 ¢ 16 A)



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APPLICATION FOR RENEWAL:		0111 01010 1111	ROOK
	: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: 73-77 UNIO	N STREET, INC,		
DOING BUSINESS A UNION ST	REET PUB		
ADDRESS 75 UNION STREET			
CITY/TOWN: HOLBROOK	STATE: MA	ZIP CODE: 02343	
MANAGER: NYSTROM, CYNTHIA	TYPE OF LICENSE: Res	taurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED P			
TWO FLOORS, THREE ROOMS (AS DINING ROOM, 2 ROOMS IN			
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	;
2. the licensee has complied	ed with all laws of the Comn	nonwealth relating to taxes; a	ind
3. the premises are now of	en for business (If not expla	in below)	
SIGNED BY			
Individual, I	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFI	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
DATE: TELE We the undersigned, attest that y Acts of 2004, signed by the build named license and (2) the certific of 2010.	we are in possession (1) the ing inspector and the head	(Note: <u>NOT</u> Individual Soc e certificate required by Ch of the fire department for	tial Security Number) sapter 304 of the the above
We the undersigned, attest that a Acts of 2004, signed by the build named license and (2) the certific	we are in possession (1) the ing inspector and the head	(Note: <u>NOT</u> Individual Soc e certificate required by Ch of the fire department for	cial Security Number) capter 304 of the the above 116 of the Acts
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED:	we are in possession (1) the ing inspector and the head	(Note: <u>NOT</u> Individual Soc e certificate required by Ch of the fire department for rance required by Chapter	cial Security Number) capter 304 of the the above 116 of the Acts
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Society Certificate required by Ch of the fire department for rance required by Chapter LOCAL LICENSING AU	cial Security Number) capter 304 of the the above 116 of the Acts
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Society Certificate required by Ch of the fire department for rance required by Chapter LOCAL LICENSING AU	cial Security Number) capter 304 of the the above 116 of the Acts
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Society Certificate required by Ch of the fire department for rance required by Chapter LOCAL LICENSING AU	cial Security Number) capter 304 of the the above 116 of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	3200009		CITY OR TOWN	HOLBROO	OK
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: EI DOING BUSINESS A					
ADDRESS 1 BEACH R	D				
CITY/TOWN: HOLBR	OOK	STATE: MA	ZIP CODE:	02343	
MANAGER:	TYP	E OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
3 ROOMS, ONE FLOOR	₹				
I hereby certify and swea	r under penalties	of perjury that:			
1. the renewed li	icense will be of the	he same type for t	he same premises now	licensed;	
2. the licensee h	as complied with	all laws of the Co	mmonwealth relating to	taxes; and	
3. the premises a	are now open for b	ousiness (If not ex	plain below)		
			·		
SIGNED DV					
SIGNED BY In	dividual, Partner	or Authorized Co	rporate Officer		
	·				
DATE:	TELEDIANI		EMDI OVER	IDENTIFICAT	ION NUMBER:
D1112.	TELEPHONE	E NUMBER:	(Note: NOT Ind		
			(****** <u>=.22</u> mc	rviduai Boeiai B	ceanty rumber)
N. C. I.B.I.					
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
(Sample of the confidence)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 053200011		CITY OR TOWN	HOLBROO	K
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME	E: GREGG LAKE	ASSOCIATES, INC			
DOING BUSINES	S A HIGHLAND L	IQUORS			
ADDRESS 464 N	FRANKLIN ST				
CITY/TOWN: HO	OLBROOK	STATE: MA	ZIP CODE:	02343	
MANAGER: IER V.	RARDI,JOSEPH T	YPE OF LICENSE:P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
REAR WALL OF	FRONT SALES AR	STORAGE ROOMS EA- ONE FRONT EI AR ENTRANCES- AI	NTRANCE AND ON	E FRONT EX	IT AT
I hereby certify and	l swear under penalti	es of perjury that:			
-	=	of the same type for the	ne same premises now	licensed;	
2. the licer	nsee has complied wi	ith all laws of the Cor	nmonwealth relating	to taxes; and	
3. the pren	nises are now open for	or business (If not exp	plain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATI	
			(Note. NOT In	dividual Social Se	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 053200012		CITY OR TOWN HO	DLBROOK
APPLICATION	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HOLBROOK PAG	CKAGE,INC.		
DOING BUSIN	NESS A HOLBROOK PA	ACKAGE STORE		
ADDRESS 41	PLYMOUTH ST			
CITY/TOWN:	HOLBROOK	STATE: MA	ZIP CODE: 02	343
MANAGER:	PUNJABI,VEENA TY.	PE OF LICENSE: Pa	ckage Store CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
		VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREMI			
	ONE ROOM,NO CELLAI			
-	and swear under penalties renewed license will be of		sama promisas novy ligar	acad.
	licensee has complied with		=	
	premises are now open for		_	es, and
			· 	
SIGNED BY				
	Individual, Partner	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
Please Check Belo	DW:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	rexniami			
	<i>с</i> хрині)			
	o explain)			
DATE:	a explain)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 053200013		CITY OR TO	WN HOLDRO	OK
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
		TAIL CORPORATION K COMMUNITY PAG			
ADDRESS 807 SO	FRANKLIN ST				
CITY/TOWN: HO	LBROOK	STATE: M	ZIP COD	E: 02343	
MANAGER: FRIE	EDMAN, HARD W.	TYPE OF LICENSE	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF					
		K BLDG, NO BASEMI DE, SERVICE DOOR	ENT,RIGHT SIDE	EMERGENCY	EXIT
2. the licens	see has complied ses are now ope	be of the same type for d with all laws of the Cen for business (If not enaction or Authorized Center or Authorize	ommonwealth relat		
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 053200014		CITY OR TOWN	HOLBROC	OK
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	SHIV C. LILL	ANEY			
DOING BUSINESS A	A FAST LANE	CONVENIENCE			
ADDRESS 230 UNIO	ON STREET				
CITY/TOWN: HOL	BROOK	STATE: M	A ZIP CODE:	02343	
MANAGER:		TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
SINGLE STORY BL					
I hereby certify and sy	-		the same manises now	liaansad.	
		· -	the same premises now immonwealth relating to		
	=	for business (If not ex	=	o taxes, and	
SIGNED BY					
	Individual, Par	rtner or Authorized Co	rporate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	11 (0 110 111	
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
D1111.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200016		CITY OR TOWN	HOLBROOK
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THE T. SIKDER COR	P.		
DOING BUSINESS A TEDESHI'S #343			
ADDRESS 31 NORTH FRANKLIN STREE	T		
CITY/TOWN: HOLBROOK	STATE: MA	ZIP CODE:	02343
MANAGER: PARVEG, MOHAM TYPE O MAD NAHID	OF LICENSE: Pac	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
ONE-HALF OF A ONE-STORY BRICK BL WHICH IS LOCKED AND AN EXIT IN THE		ENTRANCE IN T	HE FRONT, ONE OF
 the renewed license will be of the the licensee has complied with all the premises are now open for bus 	laws of the Com	monwealth relating to	
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer	
D. 1777			
DATE: TELEPHONE N	IUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053200017		CITY OR TOWN HO	DLBROOK
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: MARY DAY	Y LE		
DOING BUSINESS A HOLBROO	OK LIQUORS		
ADDRESS 4 SOUTH FRANKLIN	IST		
CITY/TOWN: HOLBROOK	STATE: MA	ZIP CODE: 02	2343
MANAGER: DAY LE, MARY	TYPE OF LICENSE: Pac	kage Store CATE	GORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has complie	OR AND CELLAR FOR ST	same premises now licen	
SIGNED BY Individual, I	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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LICENSE NUMBER	R: 053200020		CITY OR TOWN	HOLBROOK
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	JD SMITH CORP			
DOING BUSINESS	A SMITH'S RESTAU	JRANT		
ADDRESS 220 SOU	TH FRANKLIN ST			
CITY/TOWN: HOI	LBROOK	STATE: MA	ZIP CODE:	02343
MANAGER: SMIT M.	ГН, ТІМОТНҮ ТҮРІ	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR F	MAIL ADDRESS	
	LICENSED PREMISI			
	NSISTS OF A ONE-S' IG AREA, KITCHEN EXIT IN REAR			
I hereby certify and s	wear under penalties of	of perjury that:		
• •	ed license will be of the		e same premises now	licensed;
2. the license	ee has complied with a	all laws of the Com	monwealth relating to	taxes; and
3. the premis	ses are now open for b	ousiness (If not exp	ain below)	
SIGNED BY	Individual, Partner (or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building insp	ector and the hea	d of the fire departn	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	IIII <i>)</i>			
DATE:				



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LICENSE NUMI	3EK: 053200021		CITY OR TOWN HOLDROOF	Y	
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR 201	.3	
		CLASS	Y	'EAR	
LICENSEE NAM	ME: HALFWAY CA	FÉ INC.			
DOING BUSINE	ESS A HALFWAY C	AFÉ			
ADDRESS 200 S	SOUTH FRANKLIN S	ST			
CITY/TOWN: I	HOLBROOK	STATE: MA	ZIP CODE: 02343		
MANAGER: W	,	YPE OF LICENSE: Rest	aurant CATEGORY:	All Alcohol	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION (OF LICENSED PREM	MISES:			
FAMILY ENTER RIGHT SIDE EN	RTAINMENT ROOM	, FRONT ENTRANCE, WAITING AREA, FUN	E, KITCHEN & PREP-KITCHE EXIT,REAR ENTRANCE/EXIT CTION ROOM. OUTSIDE PAT	· •	
I hereby certify a	nd swear under penalt	es of perjury that:			
1. the ren	newed license will be	of the same type for the s	ame premises now licensed;		
2. the lic	ensee has complied w	ith all laws of the Comm	onwealth relating to taxes; and		
3. the pro	emises are now open f	or business (If not explain	n below)		
SIGNED BY	Individual, Partr	er or Authorized Corpor	rate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: 1101) Individual Social Sec	curity (vuiliber)	
Acts of 2004, sig	gned by the building	inspector and the head	certificate required by Chapter of the fire department for the a ance required by Chapter 116 o	bove	
Please Check Below: APPROVED: DISAPPROVED (If disapproved example)	:		LOCAL LICENSING AUTHO By:	RITY	
- -					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	53200022	C	CITY OR TOWN HOLBROO)K
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: M	Iaria's Pizzeria, LLc			
DOING BUSINESS A				
ADDRESS 134 South F	ranklin St			
CITY/TOWN: HOLBE	ROOK	STATE: MA	ZIP CODE: 02343	
MANAGER: Panos, P	anagiotis G. TYPE	OF LICENSE: Resta	category:	Wine and Malt Regular
EMAIL ADDRESS:]
PLEA	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAI	IL ADDRESS	_
DESCRIPTION OF LIC	CENSED PREMISE	S:		
•			chen separated by counter. Off of building only. 2 exits/entrar	
I hereby certify and swea	ar under penalties of	f perjury that:		
1. the renewed l	license will be of the	e same type for the sa	ame premises now licensed;	
2. the licensee h	nas complied with al	1 laws of the Commo	nwealth relating to taxes; and	
3. the premises	are now open for bu	isiness (If not explain	n below)	
SIGNED BY	ndividual. Partner or	r Authorized Corpora	nte Officer	
DATE:	TELEPHONE	NII IMDED.	EMPLOYER IDENTIFICAT	TON NUMBER:
	TELEFTIONE	NUMBER.	(Note: NOT Individual Social S	
Acts of 2004, signed by	y the building inspe	ector and the head o	certificate required by Chapt of the fire department for the nnce required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 053200023		CITY OR TOWN HOLBR	ROOK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
DOING BUSI	AME: ASP CONVENIEN NESS A CLERKS VARIE 7A PLYMOUTH STREET	ETY STORE		
	HOLBROOK	STATE: MA	ZIP CODE: 02343	
				V. W 1
MANAGER:	VIRALKUMAR S.	PE OF LICENSE: Pac	ckage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
APPROX.1100	N OF LICENSED PREMI O SQ.FT. OF A ONE-STO NCE IN FRONT,ONE EM	RY TWO UNIT COM	NCRETE BLOCK BLDG.ON N REAR.	
1. the 2. the		the same type for the all laws of the Com	same premises now licensed; monwealth relating to taxes; an ain below)	nd
SIGNED BY	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT	ΓHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	053200024		CITY OR TOWN	HOLBROO	OK
APPLICATION FOR	RENEWAL:	VAL: Annual LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME:	SENDHI CORP.				
DOING BUSINESS A	HOLBROOK FO	OD MART			
ADDRESS 855 SOUT	TH FRANKLIN STI	REET			
CITY/TOWN: HOLI	BROOK	STATE: MA	ZIP CODE:	02343	
MANAGER: PATE MANA	L, TYP ULABEN	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF L	ICENSED PREMIS	ES:			
approx. 39x48 comme front, emergency exit/				main entry/ex	cit in
	es are now open for	all laws of the Comn business (If not expla	in below)	o taxes; and	
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 053200025		CITY (OR TOWN	HOLBROC)K	
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	NSED FOR 20)13	
		CLASS				YEAR	
LICENSEE N	AME: ANG PIZZA	INC.					
DOING BUSI	NESS A LEGGOS						
ADDRESS 12	0 NORTH FRANKL	IN STREET					
CITY/TOWN:	: HOLBROOK	STATE: MA	ZIF	P CODE:	02343		
MANAGER:	BOERMAN, TERESA	TYPE OF LICENSE: Resi	taurant	C	CATEGORY:	Wine and Malt Regular	
EMAIL ADDI	RESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDR	ESS			
	N OF LICENSED PI						
COMMERCIA BASEMENT,	AL BUILDINGWI 2 ENTRANCE/EXI	IRST FLOOR OF A TWO S TH DINING AREAKITC IS IN DINING ROOM1 DE OUTSIDE PATIO ARE	CHEN; S EXIT O	STORAGE	AREA; NO		
I hereby certify	y and swear under pe	nalties of perjury that:					
		be of the same type for the	•				
	-	d with all laws of the Comm		•	to taxes; and		
3. the	premises are now op	en for business (If not expla	ın belov	w)			
SIGNED BY	Individual, F	Partner or Authorized Corpor	rate Off	icer			
DATE:	TELEI	PHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:			
			(N	(Note: NOT Individual Social Security Number)			
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the	fire depart	tment for the	above	
Please Check Bel	ow:		LOCA	AL LICEN	SING AUTH	ORITY	
APPROVED:			By:				
DISAPPROVI							
(If disapprove	u expiain)		-				
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0532	200026		CITY OR TO	OWN HOLBROO)K	
APPLICATION FOR REN	NEWAL:	Annual	LI	CENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: UNI	ON STREET L	ANES,LLC				
DOING BUSINESS A						
ADDRESS 229/231 UNIO	ON ST					
CITY/TOWN: HOLBRO	OK	STATE: MA	ZIP COD	E: 02343		
MANAGER: QUIRK,GE	ERARD TYPI	E OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEB	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_	
DESCRIPTION OF LICEN	NSED PREMISI	ES:				
SINGLE STORY,STEEL I FT.DESIGNATED RESTA SIDE EXITS.RESTAURA	AURANT AREA	ABOWLING ALL	EY HAS 1 MA		ND 4	
I hereby certify and swear	under penalties o	of perjury that:				
		he same type for the	-			
	-	all laws of the Comr		ting to taxes; and		
3. the premises are	e now open for b	ousiness (If not explain	ain below)			
SIGNED BY Indi	vidual, Partner o	or Authorized Corpo	orate Officer			
DATE:	TELEPHONE	E NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:	
			(Note: NOT Individual Social Security Number			
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	pector and the head	l of the fire de	partment for the	above	
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
			-			
DATE:						